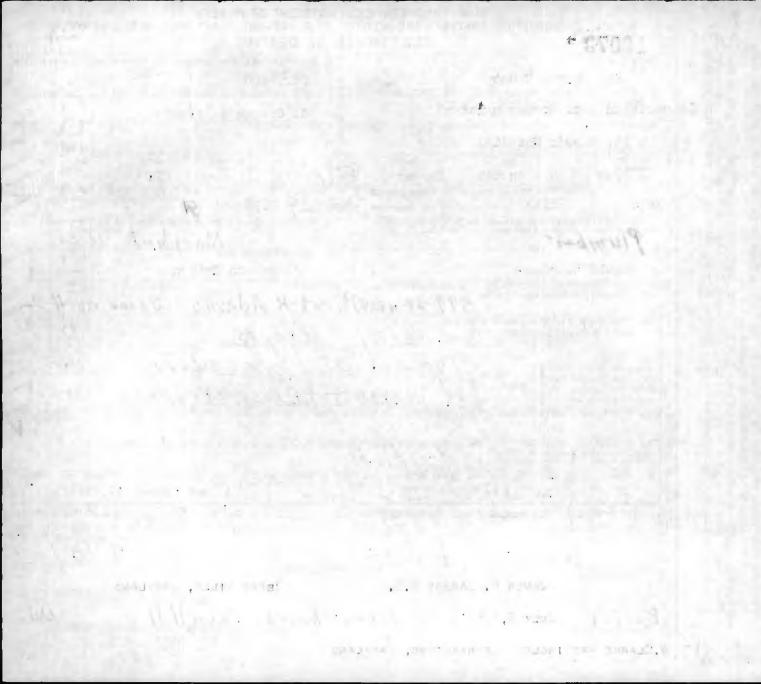
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND

a. COUNTY St. Mary's County b. CITY OR TOWN (if outside corporate limits, write RURAL and give gearest town) Leonardtown' Stxxteangexexterand d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) St. Mary's Hospital 3. NAME OF First Middle DECEASED (Type or print) Austin Lawyer	a. STATE b	, It institution: Residence before admission) . COUNTY
DECEASED (Type or print) Austin Lawyer A	St. George's Island	its, write RURAL and give nearest town)
Male White WIDOWED DIVORCED Marc	:h29, 1876 gj. birt	yrs.
during most of working life, even if retired) 13. FATHER'S NAME Austin L. Adams	MATH MOTHER'S MAIDEN NAME Elizabeth Hatton RMANY 2t K Adams	Address Same 45 # 2
18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c). I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED to the cause (a), stating the underlying cause last.	Affacted Albustales OTHE TERMINAL DISEASE CONDITION GIV	INTERVAL BETWEEN ONSET AND DEATH DEATH DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH D
20a. Accident was propertying 20b. Describe now more deported. On Contributing Todause of Death (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. Time Of Injury Month, Day, Year 20d. Injury occurred 20e. PLACE OF factory, str. p.m. 6 25 19 6 7 at work at work 21. I certify that (I) (this boants) attended the deceased from	INJURY (Home, farm, eet, office bldg., etc.) 57, Gro, /S/	rt II of item 18.)
228. SIGNATURE M.D. AT	TENDING MED. STAFF HYS. DIRECTOR PHYS. 2d. ADDRESS GREAT MILLS, MA FREMATORY 23d. LOCATION (C) A 217 C h C X 4 77 HI	DATE SIGNED ARY LAND City, town or county) (State) 5b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL BIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove group papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

> VR A15 (4) 20M 1/65



10074

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EYAMINED'S CEDTIFICATE OF DEATH

JK 2191F		MEDICAL EXAMINER	S CERTIFICATE OF DEATH .	10010
ALTH DEPT.		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if	institution: Residence before odmission)
2 8 2				
PM3. Page		St. Mary s MARYLAND CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (II outside corporate limits, wr	rite RURAL and give nearest town)
M3. F		write RURAL and give nearest tawn)	Comp han	18-1
0	-	Compton NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
ote bor)			ON A FARM?
and 2 with the Softer death.	2	NAME OF First Middle	Lost 4 DATE	
le S		DECEASED	OF	
=	S.	Type or print) CHARLES RUDOLPH EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	BOWES DEATH 8. DATE OF BIRTH 9. AGE (In you	July 5 19 67 eors I IF UNDER 1 YEAR IF UNDER 24 HRS
witt.	3)		lost highly	
di di		Male White WIDOWED I DIVORCED	12/19/1892 74	yrs.
land2	10o	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12 CITIZEN OF WHAT
es l		MERICAN DIST. TELEGRAF (RETTRED)	MARYLAND	COUNTRY?
poges urs offe	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
le p		JOSEPH BOWES	ALICE GREENWELL	
72 H	IS.	WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 13	7. INFORMANT 682	27idreUSTIS PKWY.
in in	116	(If yes give wor or dates of service) YES WWI 578 05 6223	CHARLES R. BOWES JR. FAI	· ·
buriol-transit permit. File pages 1 and 2 i ony event within 72 hours offer deat	-	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)		INTERVAL BETWEEN
nsit			lerotic Cardiovascular F	Heart ONSET AND DEATH
eve eve		7 2 2 DUE TO DISC	7.000	
riol		Conditions, if ony, which gove)		
		rise to immediate couse (o), storing the underlying couse {		
os o ond i		lost. (c)		
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE CONDITION GIVEN IN PART.	(a) 19. WAS AUTOPSY PERFORMED?
emoval,	CERTIFICATION			PERFORMED? YES X NO
be	FICA	200. EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Port II of Item	
should l	FEE	PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	e. (Line, noise of may in corr to corr to find	10.9
roge a should be used cremation, or removal,	MEDICAL		PLACE OF INJURY (Home, Iorm, 201. (City or to	rwn) (County) (State)
ati	NED!	Hour o.m. While Not While	foctory, street, office bldg., etc.)	(2) (2) (2) (3)
Pog	-	p.m. 19 otwork otwork		
2 5		21. I certify that I taak charge of the remains described obove,		Inquiry and in my apinio
ECTOR buridl,		death resulted fram: Natural causes X, Accident . , S		ned monner
TO FUNERAL DIRECTOR: Heolth prior to burial,		ACTUAL MANY	CHIEF MEDICAL EXAMINER	OO SAVE CLOUDE
0 0		SIGNATURE 7/1/2002	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNEE
Pri pri		EXAMINER'S	DEPUTY MEDICAL EXAMINER	
3 =		NAME (Type) Russell S. Fisher, M.D. BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY (Address (Street, city, town, or county)	July 5, 1967
Heo		DCMOVAL (C31-4		
	10	URAAL (Specily) 7/8/67 MT. OLIVET		INGTON, D.C.
ME (5)	X	CHERAL ORESSION. Welche ADDRESS		Sb. REGISTRAR'S SIGNATURE
1/67	1	JOHN M. WELCH - LEONARDTOWN, MD.	DATE JUL 1 2 196	7 Johnster Judge

The state of the s CHARLES OF STREET duty offwere came. AT DESCRIPTION OF REAL PROPERTY OF THE STATE OF detections and reprint the discovery and the second

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

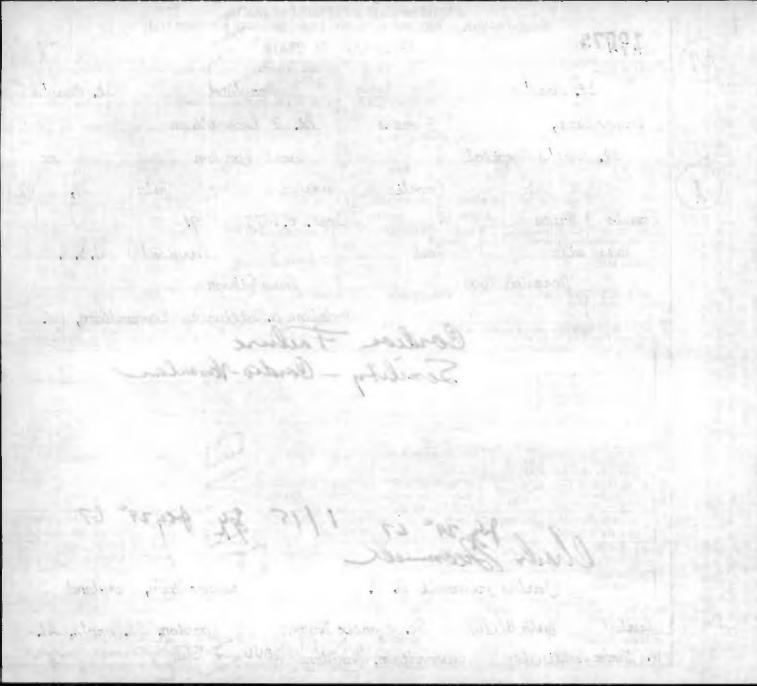
10075

CERTIFICATE OF DEATH

10077

-	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
	O. COUNTY O. STATE b. COUNTY
	St. Mary's MARYLAND Maryland St. Mary's
	b. CITY OR TOWN (If autside carporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
	Leonardtown 5 weeks Rt. 2 Leonardtown /8/
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENC ON A FARM
	St. Mary's Hospital Rural Compton YES NO
3.	NAME OF First Middle Last 4. DATE Manth Day Year DECEASED OF
	(Type or print) Ada Cecelia Bussler DEATH July 29, 19 6
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In Georg Funder 1 YEAR" IF UNDER 244
	Female White WIDOWED DIVORCED Sept. 6, 1875 91 yrs. Manths Days Hours M
100	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
dur	ing most pf working life, even if retired) NOUSTRY House wide COUNTRY?
13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
	Jeremiah Pope Manu Gibson
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
{Ye	is, na, ar unknawn) (If yes give war or dates of service)
	Madelene B. Mattingley Leonardtown, Md.
	18. CAUSE OF DEATH (Enter only one couse per line 1994), (b), and (f).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
	422 / IMMEDIATE CAUSE (o) CONTROL OF CONTROL
	Conditions, if any, which gave) (b) Senility - Condito-Vascular
	rise to immediate couse (a)
	stating the underlying couse DUE TO
	lost. (c)
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPSY PERFORMED? YES TO NO
IFEC	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
8	OR CONTRIBUTING CT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20k. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State
MED	Haur o.m. 19 While Not While foctory, street, affice bldg., etc.)
	21. I certify that (1) (this haspinal) attended the deceased from 1/5, 1966, to Golds 29, 1967 that (1) (we)
	saw the deceased alive and 1967, and that death accurred at F.A.M, from causes and on the date stated ab
	220. SIGNATURE 1 22b. DATE SIGNED
	Males / fleenwell M.D. ATTENDING DIRECTOR DIRECTOR PHYS.
	22c PHYSICIAN'S 22d ADDRESS
	NAME (Type) Charles Greenwell M. D. Leonardtown, Maryland
230	D. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
	Burial Sax 8/1/67 St. Fancis Xavier Compton St. Many's Md
24	ADDRESS 7 250. REGISTRAR 2 250. REGISTRA
1	V. Clarke Mattingley Leonardtown Maruland DATAUG 7 1967 yellarles Judges
-	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.



VR A15 (4) 15M 9/59

10076

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

10078

o. COUNTY	MARYLAND	o. STATE	ere deceased lived. If institution: Resi b. COUNTY	EF - 55 - 55				
ST. MARYS b. CITY OR TOWN (If autside carporate limits, write	c. LENGTH OF STAY IN 16	MARYLAN	D DT a utside carporate limits, write RURAL o	MARYS				
RURAL and give nearest town)	C. LENGTH OF STAT IN 10			uo dise segreti iosii)				
LEONARDTOWN		LEONAR	111					
 d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
ST. MARYS HOSPITAL				YES NO T				
NAME OF First DECEASED (Type or print) VIOLET	Middle ELEANOR	lost BUTLER	4. DATE Month OF DEATH JULY	Day Year 4 19 67				
		8. DATE OF BIRTH	9. AGE (In years IF UN	DER TYEAR IF UNDER 24 HRS.				
FEMALE NEGRO WIDOW		9/21/1888	last birthday) Mant	hs Days Hours Min.				
00. USUAL OCCUPATION (Give kind of work done 10b	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote of	or foreign country) 12.	CITIZEN OF WHAT COUNTRY?				
HOUSEKEEPER	DOMESTIC	MARYLAN	D	USA				
3. FATHER'S NAME	•	14. MOTHER'S MAIDEN N	AME					
DOMINIC BUTLER		SUSIE	BLACKSTONE					
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. 11	FORMANT	Address					
Yes, no, or unknown) (If yes, give war or dates of service)	216 24 5448 M	RS. HELEN HOL	T - RT.1 BOX 17 M	ECHANICSVILLE.				
		MOS HEIDER HOD	I - RI.I DUA II F					
18. CAUSE OF DEATH [Enter only one cause per I	ine far (a), (b), and (c).] ,			ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Unema	<u>ر</u>		1000				
447× DUE TO		1.	S .	1				
Conditions, if any, which) (b)	Huransine	· Vascula	Draeno	10 hen				
gove rise to immediate (Dur TO								
this carried last from the under								
/ (-)	CONTRIBUTION TO SOLUTION	NOT OF LETTE TO THE TENLIN	NAME OF THE PART O	OLOT WALLS AUTOREX				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIT	NAL DISEASE CONDITION GIVEN IN	PERFORMED?				
00 100 000 000 000 000 000 000 000 000	copine trans a minut a company	m	1 - 1 - 0 - 10 - 6 (a - 30)	I IES _ NO M				
PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature Of Injury in P	off of Port if of (fem 18.)					
20c. TIME OF INJURY Month, Day, Year 20d.		ACE OF INJURY (Hame, form,		(Caunty) (State)				
20c. TIME OF INJURY Month, Day, Year 20d. Haur a.m. 19 While p. m. 19	HOI WILLE	clary, street, affice bldg., etc.)					
p. m. 17 of wo	TR OT WORK	The	1 77 11 0 11	1 17				
21. I certify that (I) (this haspital) atten	ded the deceased fram	Jan / 19	0-1.to -1-1-1	9 that (1) (we) last				
saw the deceased alive an	1967, and that a	leath accurred at 2	M, fram the causes and an	the date stated above.				
22a. SIGNATURE				22b, DATE				
Int: Yalu	roll	M.D. PHYS. ME	RECTOR STAFF	/5/67 SIGNED				
22c. PHYSICIAN'S		22d. ADDRESS						
NAME (Type) WM. H. PATRIC	K M.D.	LEXING	TON PARK, MD.					
30. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (City, town, or coun	ty) (Stote)				
REMOVAL (Specify)				farant				
	CITE AT ATOTAL	CITCS CATOLS	T. ESCHIEL A DIVIDO LINE MAAT	OVT A NED				
		IUS CEM.	LEONARDTOWN MAI					
JOHN M. WELCH - LEONARD	ADDRESS		DEV DECISTRAD OSE PEGISTRAP'S					

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

10079

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deoth.			LACE OF DEATH				2. USUAL RESIDENCE	(Where decease			e before adn	nission)
. 5			. COUNTY	ST. MARY S		MARYLAND	o. STATE MARY	LAND	b. cou	ST	MARY	18
offices of the		- 6		autside carparate limit	S.	E. LENGTH OF STAY IN 16	c, CITY OR TOWN (If		e limits, write RU			
haurs affer			write RURAL and	give neorest town)		2 DAYS	LEXINGTO			18.1		,
			NAME OF HOSPITA	L OR INSTITUTION (If no	at in haspital, g	jive street address)	d. STREET ADDRESS					RESIDENCE
that the death cartificate be executed within 24 an. by the attending physician and completely filled ransit permit. Then please remove carban page cremation, or removal, and in any event, within it	76		ST.	MARY B He	SPITAL		Re	URAL			YES [A FARM?
vithi oan with			IAME OF	Fi	tst	Middle	Last	4. DATE OF	Man	ith	Doy	Year
d w		(Type or print)		LEO	N CHAI	E	DEATH	JULY	1,		19 67
mp mp		S. S	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years last birthdov)	IF UNDER 1		NDER 24 HRS
ond completely for remove carban in say event, with			MALE	COLORED	WIDOWED	DIVORCED	lug. 14,1918	3	48 yrs.	Months	Days Hai	urs Min.
10 a			USUAL OCCUPATION ng mast of warking li	(Give kind of work done		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Count	ty & State, or fore	ign country)		IZEN OF WHA	T
ricate by		UUTII	LABORER		119	DOSIKI		MAR	YLAND		S.A.	
physicion physicion nen pleosa oval, ond i		13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
th rartific ling phys Then p			At	BERT B. CH	ASE		Ac	SNEB MA	THEWS			
attending phys permit. Then p		15.	WAS DECEASED EVER	IN U.S. ARMED FORCES?	f serviced 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Addr	ess		
affendi permit.		116:	, no, at bliknown, h	in has dive mai or naise	22	0-16-4228 A	NES M. CHASE	r fire	KINGTON	PARK.	MARY	LAND
that the and by the attribution, cremation,			18. CAUSE OF DE	ATH (Enter anly one cau	ise per line for		S	17			INTERVAL	BETWEEN
cian. d by the			PART I. DEATI	H WAS CAUSED BY: IMMEDIATE CAUSE	(a) (C)	bromon	1 transt	ous.	_		ONSE A	NO-DEATH
tra by			3221	DUE		^	alerhot					
00000			Conditions, if any,		(b) C	luomie	alerhot	Zesmi			15	men.
		- 1	rise to immediate storing the under									
w rading een the the			last.	lying toose	(c)							
e law tendir ss bee os th prior	-		PART II. OTHER SIG	INIFICANT CONDITIONS C		TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN	IN PART 1(a)		19. WAS	AUTOPSY
The hat	3	IFICATION									YES T	ORMED?
AN: of or cote for u		5	20g. ACCIDENT WAS	UNDERLYING [7]	20b. DE	SCRIBE HOW INJURY OCCURRED	(Enter nature of injury is	n Part I or Part	II of item 18.)		110]
日本語でする		CERT	OR CONTRIBUTING [CAUSE OF DEATH								
		MEDICAL	1	RY Manth, Day, Year	20d. II	NJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, fa	rm. 20f.	(City or town)	(Cau	nfy}	(State)
the this deto		WED	Haur 'o.m		While of world	Nat While Co. fa	ctary, street, office bldg., et	(c.)	^			
Stoll Stoll						ded the deceased from_	July 1	196/ 1 to	tul	19/	e That (() (we) lo
R: A			sow the de	ceosed alive on_	me !	1967, and the	it death occurred a		from causes	and an th	_ / / · · · · · · · · · · · · · · · · ·	1 1
A Signal			220. SIGNATURE	/ 11 /			ATTENDING -	MED.	STAFF _	22b DA	TE SIGNED	
DIRECTO				MAT	alux	rela H	.D. PHYS.	DIRECTOR	PHYS. C		- 3.6	27
AL D Pogo Pogo Pogo Pogo Pogo Pogo Pogo Pog			22c PHYSICIAN'S NAME (Type)	Wassaaa	1 0.00	ICK M. D.	22d. ADDRESS	Levin	OTON DAY	nu Mai		/
	1								GTON PAR		RYLAND	,
HOSPI Poge 4 n FUNER director,	0		BURIAL, CREMATIO REMOVAL (Specify)		EREOF	23c. NAME OF CEMETERY OF	CREMATORY	23d, LOC	ATION (City or To	own)	(County)	(State)
5 0 5 2 W	1/1		BURIAL	JULY	3,1967	ST. PETER CI			DGE		MARY 1	MD.
VR A15 (4)	10	24	FUNERAL DIRECTOR	2		ADDRESS	2Sa. RE	C'D BY REGISTRA	167 25by	ELISTRAR'S SI	GNATURE	12
25M 1/67	1	W	CLARKE A	ATTINGLEY	LEONA	BOTOWN, MD.	OME	T T O 10	101		00	

20 A 10 BASE TOWARD TO A TOWARD TO A 1/191 ANTIBORN A TYNE .1-A VEAL BEST PORT se aftitue and the second A STATE OF THE STA Billiant and the Leet Leet for the Sent Sent DISCHARGE TO A PROPERTY. TANK IN PARTY OF THE . . To all and the part of the real sections and the section of th SELECTION OF THE PROPERTY OF COMMERCE OF THE PARTY OF THE TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours and death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the threefal director, page 3 should be defined for use as the burial-transit permit. Then pleass remove carbon pages, Pages I and 2 should be filed with the State Sept. of Hasth prior to busial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH •. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
COM NA PORCE	e. STATE b. COUNTY BY A DIVITA NOTE C. CO. No. 15 (17)
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	MARYLAND ST. MARYS c. CITY OR TOWN (H outside corporate limits, write RURAL end give nearest town)
write RURAL and give neerest town)	C. Citt Ok 10414 (it dutings collocate limits, write KUKAL and Bive heatest lown)
LEONARDTOWN	LEONARDTOWN
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d STREET ADDRESS o. IS RESIDENCE
	ON A FARM? YES NO IX
3. NAME OF first Middle	Last 14. DATE Month Day Yeer
DECEASED	OF
(Type or print) BRO. AMBROSE DRISCOLL C. F.	K. PEATH JULY 8 1967
	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
MALE HITTE WIDOWED DIVORCED "	7/7/1892 75 yrs. Days Hours Min.
10s USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
dona during most of working life, even if retired)	(See of Section 2)
XAVERIAN BROTHER RELIGIOUS	KENTUCKY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FRANCIS DRISCOLL	JULIA COLLINS
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	
(Yes, no, or unkown) (Ifyesgivewerordelesofservice)	NATIONAL DE LA CONTRACTOR DEL CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR
	RO. COLUMKILLE C.F.X. LEONARDTOWN MD.
18. CAUSE OF DEATH [Enter only one cause per time fee (e) (b), and (c)	INTERVAL BÉTWEEN ONSET AND-DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Annual	talandaling min
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1111000	is marchen min
gave rise to immediate cause	The state of the s
(e), stelling the underlying DUE TO	11611 11111
ceuse lest.	I von Angras 4 6
PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	
T T T T T T T T T T T T T T T T T T T	PERFORMED? YES TO NO KT
PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20 ACC DENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRI OR CONTRIBUTING CAUSE OF DEATH [15] IIF ETHER. NOTIFY MEDICAL EXAMINER);	D. (Enter neture of shiptry in Part I or Part II of Itam 18.)
OR CONTRIBUTING CAUSE OF DEATH	
	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)
Hour e.m. While Not While	orly, ander, other ender, etc.)
	10/04 1/10 06 71 10 10 1
21. I certify that (I) (this hospital) attended the deceased from.	10
saw the deceased alive on	death occurred at 1 AM, from the caused and on the date stated above
220 SIGNATURE	ATTENDING MED. STAFF , SIGNED
Jan Barry G	DIRECTOR PHYS. 7/10/67
22c. PHYSICIAN'S	22d- ADDRESS
NAME (Type) JAS. P. JARBOE M.D.	CODAM MILLO MADVIAND
	GREAT MILLS, MARYLAND OR CREMATORY 123d, LOCATION (City, lown or county) (State)
REMOVAL (Specify)	
BURLAL 1/1/12/67 SACRED HEAF	RT NOVIATIATE LEONARDTOWN, MARYLAND
ADDRESS ADDRESS	250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
JOHN M. WELCH - LEONARDTOWN, MARYLAND	DATE JUL 14 1967 Charles Judge :
1	



10079

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10081

				CEKHILIC	AIL	UT DEATH				
	HACE OF DEATH					2 USUAL RESIDENCE (V	Where deceased lived, if inst	fitution: Residence i	before admission)	
0	S:	. MARY S		MARYLA	ND I	O. STATE MARYL	.AND	COUNTY	MARY S	
ŧ	. CITY OR TOWN (f autside caraorate umit	5,	E LENGTH OF STAY IN			tside corporate mits, write			
	EO NA!	give necrest town)		21 YEARS		RURAL	HOLLYWOOD		, .	
	NAME OF HOSPIT	AL OR INSTITUTION (15 mg	ot in haspital, g	give street oddress)		d STREET ADDRESS			8 IS RESIDENCE ON A FARM?	
S.	MARY S	COUNTY NUR	BING H	OME					YES NO K	
	VAME OF	Fi	rsi	Middle		Last		Nonth	Doy Year	
(DECEASED Type or print)	ELL	,A	Α.		GATTON	OF DEATH J LY	7	7. 19 67	
5 5	EX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED	8	OATE OF BIRTH	9 AGE (In Year: lost birthday		EAR IF UNDER 24 HRS	
F	EMALE	WHITE	WIDOWED	DIVORCED	□ J	ULY 10, 1875	91 yr			
	USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County	& State, or foreign country)	12 CITIZE COUNT	TPV 2	
		me, even a remedy	114	DOJIKI			MARYLAND		S.A.	
13.	FATHER'S NAME				-	14. MOTHER'S MAIDEN	NAME			
_		JAMES KING	-			MARGAE				
		R IN L S ARMED FORCES? (If yes give wor ar dates o		SOCIAL SECURITY NO	17 16	FORMANT	A	ddress		
					Jos	EPH F. JOY	JR. SAME	18 # 2 AB		
H		ATH (Enter only one cau I'H WAS CAUSED BY.	ise per une for	(a), (b), and (c))	0	7			INTERVAL BETWEEN ONSET AND DEATH	
П		IMMEDIATE CAUSE		romany 1	nofi	her.			1 hours	
	Canditions, if any	DUE which gove)	10 /	1	1	-	0, 1		10 years	
	rise to immediat	e couse (a),	(D) Crea	analyed	a	muc g	cursis.		- part or	
	lost. (c)									
	PART II OTHER S GNIEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA DISEASE CONDITION CIVEN IN PART NOT									
MEDICAL CERTIFICATION									PERFORMED?	
E S	20a ACCIDENT WAS	UNDERLYING [20b DE	SCRIBE HOW INJURY OCCU	IRRED (I	Enter nature of injury in	Port ar Part 11 of Item 18	}		
	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)								
IS I	20c TIME OF INJE	IRY Manth, Day, Year	20d II			F OF INJURY (Home form		i) (County	y) (Stote)	
ME	Haur o.r	10	While at work		focto	ry, street, office bldg , etc.)				
	21. I certi	y that (I) (this has		ded the deceased fro	ım _	Inna, 1	965 to July	7 7 1967	, that (1) (twe) la	
		eceased alive an_	to the first	19 <u>67</u> , and	d that	death accurred at	7-30 AM, from caus	es and an the	date stated abov	
	220 SIGNATURE		04.4	10		ATTENDING -	MED STAFF	22b DATE	SIGNED/	
			Man	myhod	M.D.	PHYS. LIE	DIRECTOR PHYS	1 July	9/67	
	22c PHYSICIAN S NAME (Type)		EAN M.	D.		22d ADDRESS	EAP. WILLS.	MARYLAND		
02					DW OD C					
230	BURIAL, CREMATIC REMOVAL (Specify BURIAL	1		23c NAME OF CEMETE			23d LOCATION (City of	, , ,	ounty) (Stote)	
24	FUNERAL DIRECTO		190/	NAZARENE ADDRESS	CEM	ETERY 250 RICE	BY REGISTRAR 1967	TARREST AND A CONTRACTOR	ATURES MO.	
		ATTINOLEY	LEONAS	DECKIN MANY		DATE	UL 12 1967	Wiene	es Judge.	

MARYLAND

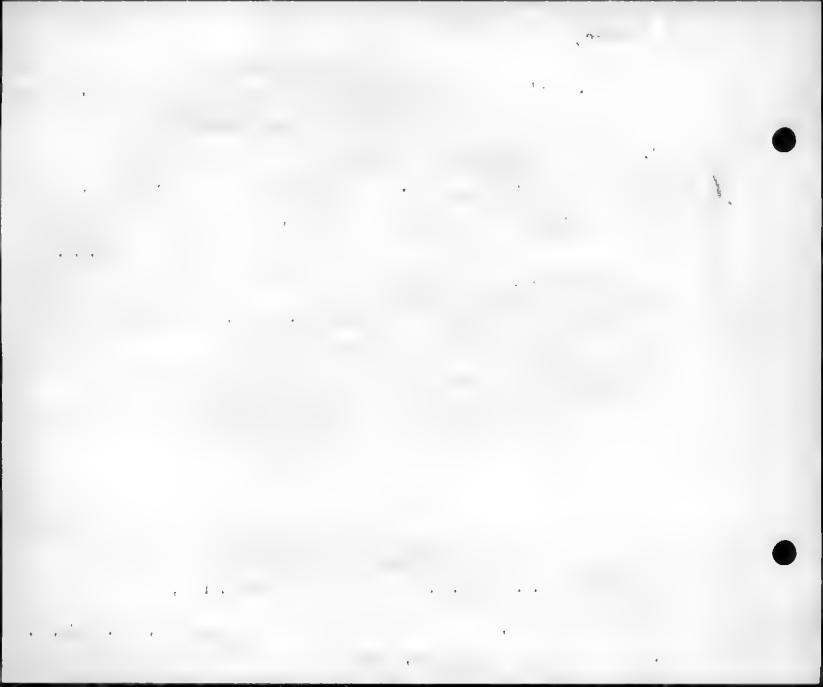
DATE

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physican and campletely filled, in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2-should be filed with the State Dept. at Health prior to burial, cremation, ar removal, and in any event, with 2.2 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law majories that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67

W. CLARKE MATTINGLEY

LEONARDTOWN.



FOR STATE HEALTH DEP uity deloy is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18 Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medica Examiner's Office along with form PM3 Page To FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Tand 2 with the state Department of Health or its designated agent, prior to burial, cremation or removal, and in any event within 12 hours affer death. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death If

16

10030 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

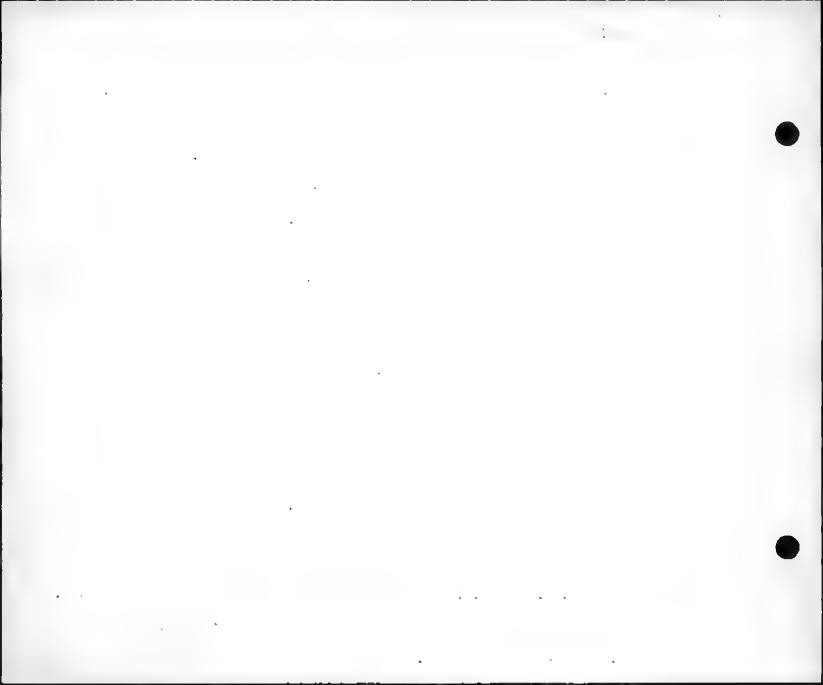
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10082

PLACE OF DEATH					2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission)						
OUNTY	MARYS		MARYLAI	ND	o STATE MARYLAND b. COUNTY ST. MARYS						
5 CTY OR TOWN	(It outside corporate limits,		C LENGTH OF STAY IN T	lb	C CITY OR TOWN (if o		ote lim ts, write RU)	
	nd give nearest fown) GTON PARK				LEXINGTON PARK						
	ITAL OR NSTITUTION (If not	in hosp to g	ve street oddress)		d STREET ADDRESS 8 IS						
D*					715 CHI	NLEE	DR.			NO X	
3. NAME OF	Firs	Ì	Middle		Lost	4 DATE	Mont	h	Doy	Year	
(Type or print)	WILLIE		DARREN		GILES	OF DEATH	JUI			967	
S SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	X 8	DATE OF BIRTH		9 AGE (In years lost birthdoy)	Months	Doys Hour	DER 24 HRS	
MALE	NEGRO	WIDOWED	DIVORCED [16 FEB. 196	2	5 yrs	Homis	non non	2 Will	
	N (Give kind of work done		ND OF BUSINESS OR		11 8/RTHPLACE (Stote	or fore gn	country)		TIZEN OF WHAT		
during most of workin	g ire, even it retired)		OUSTRY N A		FLORID)A			UNTRY? JSA		
13 FATHER'S NAME					14 MOTHER'S MAIDEN	NAME					
WIII	LLIE (NMN)	GILES			ELLA D.	COOK					
IS. WAS DECEASED EV	/ER IN U.S. ARMED FORCES?	16 5	OCIAL SECURITY NO	17 1	NFORMANT		Addre	355			
NO	I for As a disa was or do see or	201 AICA)	N/A		WILLIE GILE	S SA	ME AS #2				
18 CAUSE OF E	DEATH (Enter only one cous	e per line for	(o), (b), ond (c).)							INTERVAL BETWEEN	
PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE (c	ıl	MULTIPLE IN	JUR	IES				ONSET AND) BEATH	
	DUF T	0									
	Conditions, if ony, which gove (b) BEING STRUCK BY & CAR										
stating the und		0									
last.		c)							<u> </u>		
PART I OTHER	SIGNIFICANT CONDITIONS CO	NTRIBUTING T	D DEATH BUT NOT RELATE	D TO T	HE TERMINAL D SEASE CO	NDITION GIV	EN IN PART 1(0)		19 WAS AL PERFOR		
A STATE OF THE STA									YES 🔲	NO X	
20g EXTERNAL COMPRIMARY TO FOR CAUSE OF DEATH 20c TIME OF No Hour	AUSE WAS	20b DES	CRIBE HOW INJURY OCCU			Port I or Po	rt II of item 18)				
CAUSE OF DEATH	ONTRIBUTING		Het -	L.	7 auto						
20c TIME OF N	RY Month, Doy, Year			e PLAC	E OF INJURY (Home, form	m, 20f	(City or town)	(Cor	unty)	(Stota)	
Man b	m22 JULY 196	7 While	Not While to C	HIN	ry street, office bldg , etc.	L	EXINGTON	PARK	MARYL	AND	
21. I certi	ify that I taak charge			ve, hel	d an Autapsy 🔲,	Inspect	ian 🔀 , Inqu	ry X.	and in m	y apiniar	
	-	couses					Indetermined m			, ,	
		0	7		CHIEF MEDICAL	EXAMINER					
ACTUAL SIGNATURE	Ala	1/1	Suy 1X		_M D ASS STANT MEI	DICAL EXAMI	VER 🔲		22. DAT	TE SIGNED	
EXAMINER'S	10	-			DEPUTY MEDIC				1/24	167	
NAME (Type)	WM. D. BOY				Address (Stree		, or county) LEOI				
230 BURIA, EREMAT	r 1		23c NAME OF CEMETER	RY OR (REMATORY		OCATION (City or To	,	(County)	(Stote)	
TRANSIT	16-17	67					OOKLYN,	NEW Y			
A MINERAL DHRACE	WELCH - LEON		ADDRESS			D 8Y REGIST		GISTRAR'S SI		1960	
JOHN M.	WELCH - LEON	ARDTOW	N.MD.		DATE J	UL J.	1 1967	1	1	0	

VR A15ME (5) 6M 1/66

5 may be retained for your files.



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR	STATE	
HEALT	H DEPT.	

P.M.3. Page

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8. Give Pages

penci. In

rd "pending" in Chief Medical E

word

executed within

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This cert, ficate shauld

DECAL EXAMINER:

Examiner's

Department after . a along with 7 he ₹ event pages in any File permit, remayal. J. crematian, 2 pridr 3 should

files. eral director. Page 4 be retained far your

4 shauld

the funeral d rector.

5 may be retained far yaur files O FUNERAL DIRECTOR: Page 3 shi Health ar its designated agent,

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE [Where deceased lived, if institution Residence before admission]) PLACE OF DEATH o. COUNTY b. COUNTYSt. Mary's Maryland Mary's St. MARY! AND b CITY OR TOWN (If autside corparate limits C LENGTH OF STAY AN 16 c CITY OR TOWN (If outside carparate firmits, write RURAL and give nearest town) write RURAL and give nearest town) Lexington Park 6 mo. Hollywood d NAME OF HOSPITAL OR INSTITUTION (If not n hospital give street address) d STREET ADDRESS ON A FARM? 107 Linden Lane YES NO Station Hospital NAME OF First 4. DATE DECEASED Grant II (Type or print) DEATH Louis Randolph 6 COLOR OR RACE 7 MARRIED T NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR birthdoy) Months 21March1939 WIDOWED DIVORCED Cauc Male Oa USLA, OCCUPATION (Give kind of wark done 11 BIRTHPLACE (State or fore an country) 10b K ND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, eyen if retired)
U. S. NAV X CO WRY? Mass. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Dorothy Radley Edward Milton Grant IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no ar unknown) (If yes give war as dates of service) 30June58-6July67. 029-28-4016 Official Military Records. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH Injuries miltiple extreme. IMMED ATE CAUSE (0) _ DUF TO Canditions, if ony, which gave Aircraft accident rise to immediate cause (a), DUE TO stating the underlying cause PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(g) WAS ALTOPSY PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part II of tem 181) PRIMARY or CONTRIBUTING CAUSE OF DEATH Crash of helicopter 20d INJURY OCCURRED 20c TIME OF INJURY Manth, Day, Year 20e PLACE OF INJURY (Home, form (City or fown) (County) (Stote) factory, street, affice blda., etc.) While at work of work 1015AMpm 6July 19 67 Hollywood, St. Mary's, Farm 21 I certify that I taak charge of the remains described above, held an Autapsy ... Inspection X, Inquiry V. and in my apinian death resulted from: Suicide | Hamicide | Undetermined manner

23c NAME OF CEMETERY OR CREMATORY

ARLINGTON NATIONAL CEN.

CHIEF MEDICAL EXAMINER

SDEPUTY MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

250 REC D BY REGISTRAR

Address (Street, city, town, or county) NAS PAXRIVMD.

23d LOCATION (City or Tawn)

ARLINGTON

22. DATE SIGNED

6July67

VIRGINIA

VR A 15ME (5) 6M 1/66

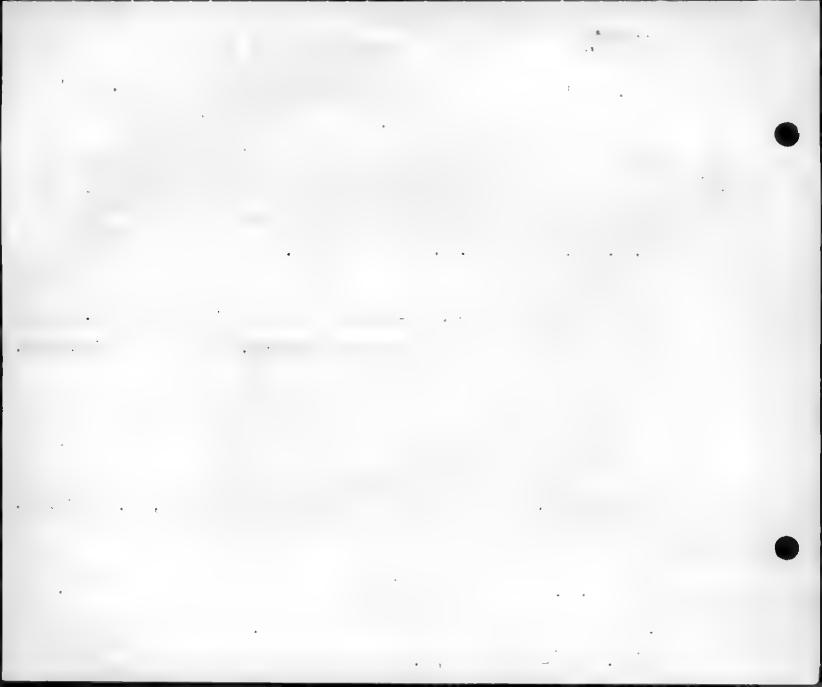
EXAMINER'S

NAME (Type)

230 BURIAL CREMATION.

23b DATE THEREOF

- LNONARDTOWN . MD .

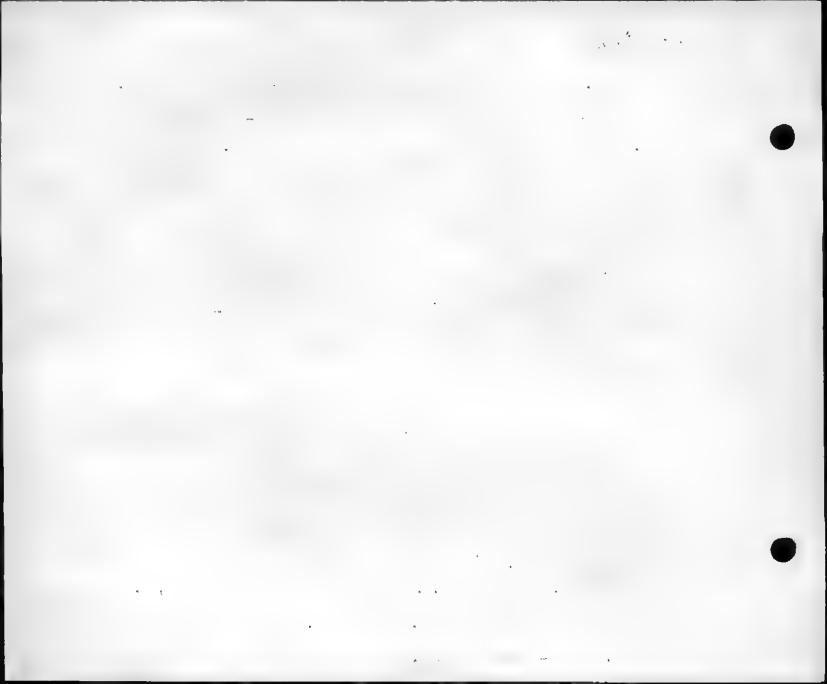


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician apd completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in thy event, within 72 hours after feather ours after death. O HOSPITAL OR ATTENDING PHYSICIAN: The fam requires that time mertificate by executed within Page 4 may be retained by the hospital or attending physician. TO HOSPITAL

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2001 CERTIFICATE OF DEATH

	10082	N OF STATISTIC	AL RESE			301 W. PRESTO		, BALTIMOI	RE 1, MARY	LAND 3824
1, P	LACE OF DEATH			Manu	LAND	2. USUAL RESIDENCE a. STATE MARYIANI		b. COUN	TY	
h	. CITY OR TOW	T. MARYS N (if outside corpora and give nearest tov	te limits,	c. LENGTH OF STAY		c. CITY OR TOWN (If	outside corpi	orate limits, wri	ST. MARY te RURAL end g	ive nearest town)
	LEON AR	DTOWN SPITAL OR INSTITUTION)N (if not in h	ospital, give street a	ddress)	RURAL d. STREET ADDRESS	- MECH	MICSVIL		e. IS RESIDENCE ON A FARM?
		YS NURSING	HOME			BOX 180	RT. 2			YES NO
1	LAME OF DECEASED	THOMAS	rst	Middle OGDEN		Last HARPER	4. DATE OF DEATH	JULY	Day 1	Year 19 67
5. 8	Type or print)	6. COLOR OR RACE	7. MARRIED		n De la	DATE OF BIRTH	DEATH . 9.		_	HE UNDER 24 HRS.
NI.	ALE	MEGRO	WIDOWED		- 15	8/7/1904		last birthday)	Months Days	Hours Min.
10a.l	JSUAL OCCUPAT	ION (Give kind of work ing life, even if retire	done 10b. K	IND OF BUSINESS OF	1	11. BIRTHPLACE (C			12. CITIZEN	OF WHAT
	- / /	BLIND)				MARYLAN 14. MOTHER'S MAIL			USA	
	DANTET	HARPER				T.TT.A	HARRIS			
	WAS DECEASED	EVER IN U.S. ARMED FO		SOCIAL SECURITY NO). 17.	INFORMANT	Minis	Addres	s	
	0	(11) Logire na or actor	1301100	N/A	MI	ISS LULA HAI	RPER -	SAME AS	#2	
	PART I. Di conditions, if gave rise to cause (a), s underlying cause	Immediate tating the lest.	(a) TO (b) TO (c)	ludestini	al o	boxuety			3	ERVAL BETWEEN SET AND DEATH - 4 Cays
IFICATI	Colora ACCIDENT	SIGNIFICANT CONDITI LOCULO V WAS UNDERLYING CAUSE OF DEA TIFY MEDICAL EXAMI	i CV	direare,	cer	RRED. (Enter nature o	mtor	i, Lem	plesia y	WAS AUTOPSY PERFORMED?
1		INJURY Month, Day, n.	1	Not While	20e. PLAC factor	CE OF INJURY (Home, fa y, street, office bldg., e	arm, 20f. (6	City or town)	(County)	(State)
	saw the de	y that (I) (this hos ceased alige on	pital) attend			death occurred at	967, toM, 66		and on the da	hat (I) (we) last te stated above.
	228. SIGNATU	Ke	y Zi	my ther	M.D	PHYS.	MED.	STAFF PHYS.	22b. DATE S	
	22c. PHYSICI/ NAME (T	J. ROY	GUYTHE	R M.D.		22d. ADDRESS		VILLE, MD		
23a.	BURIAL, CREA REMOVAL (SP BURIAL)		THEREOF	ST. JOS		CEM.	MC	RGANZA,	MARYLAND	
2/2	JOHN M.	11. 1 yell	ONARDT	ADDRESS OWN, MD.		25a. RE	C'D BY REGIS	1967 RE	EGISTRAR'S SIG	NATURE



carbon and physician гетоме the by Signed attending certificate CIOR HOSPITAL sath. Page 4 FUNERAL Page With I filed v à d OI 15M 9/60

funeral

by the tand 2 seedeath.

Pages hours aft

completely papers.

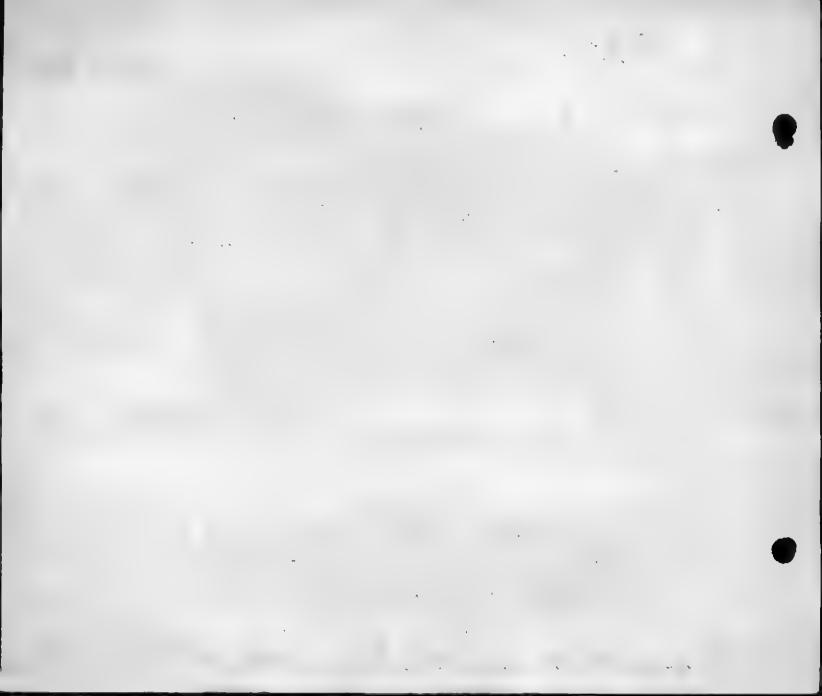
VR A15 (4)

230. BURIAL, CREMATION, | 236. REMOVAL (Spacify)

NAME OF CEMETERY OR CREMATORY

LOGORGETOWN UNIO MEDICAL

23d. LOCATION (City, lown or county)



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon propers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotian, or removal, and in any event, within 72 yours offer death.

to Hospital or attending PHYSICIAN: The low requires shot the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

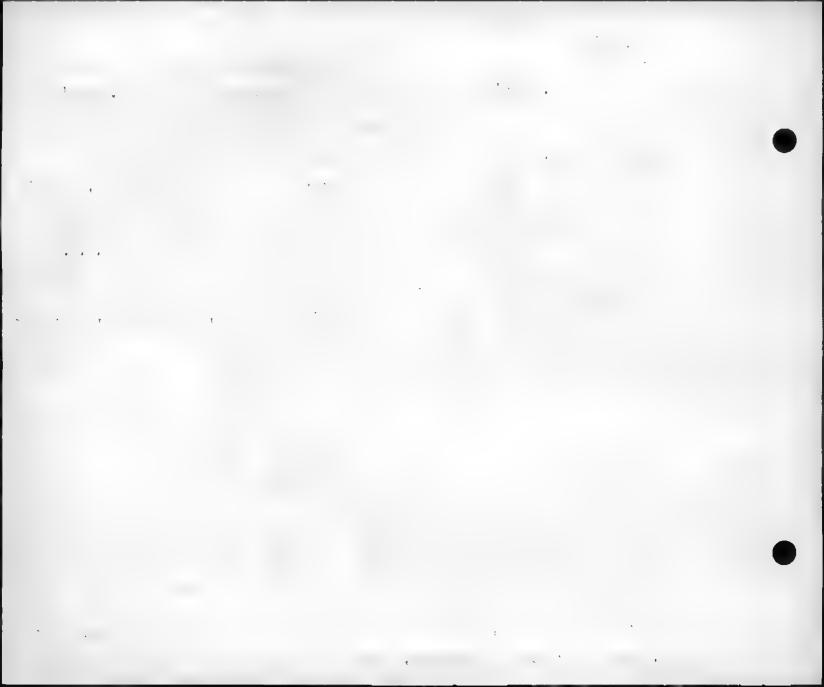
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

20086

10084

CERTIFICATE OF DEATH

. 8										
	PLACE OF DEATH O. COUNTY	ST. MARY		446001611	0.	STATE		d lived, if institution b. COUNTY		,
	1 6174 00 10140 4			MARYLAN	·	MARYL			ST. MARY	
		if outside corporate imits, i give nearest town)		C LENGTH OF STAY IN 18		Y OR TOWN (If ou	itside corporate	e amits, write RURAL	, and give nearest	fawn)
	RURAL	PARK HALL		3 YEARS	3	LEONARD	TOWN			
	d NAME OF HOSPIT	AL OR INSTITUTION (If not in	hospital, grv	re street address)	d ST	REET ADDRESS			0	IS RESIDENCE ON A FARM?
	HILLERES	BOARDING HOM	E						Y	(ES NOXX
	3 NAME OF	First		Middle		Lost	4 DATE	Month	Doy	Year
	(Type or pant)	Ann	1E		HOL	LY	OF DEATH	JULY	9.	1967
	S SEX	6 COLOR OR RACE 7	MARRIED F	NEVER MARRIED	7 8 DATE	OF BIRTH	9		IF UNDER 1 YEAR	IF UNDER 24 HRS
	FEMALE	NEGRO	WIDOWED E	DIVORCED	<u> </u>	7 7	1	last brithday) 7 9 yrs.	Months Days	mours Min
		(Give kind of work done		D OF BUSINESS OR	11 B	IRTHPLACE (County	& State, or fore	ign country)	12 CITIZEN OF	TAHW
	during most of working	life, even it retired)	INDU	USTRY			M	ARYLAND	COUNTRY?	
- 1	13 FATHER'S NAME		h-		14 /	NOTHER S MAIDEN I				
		0/20100	- /-	1.+122		4-	11	1:14.00	/-	
	TO MAC DELEVED DA	RIMUS ARMED FORCES?	1/4 50	CLAL SECJETTY NO	17 INFORM	17 C72	7 Y ZV.	Address	2)	
		(If yes give wor or dotes of se	rvice)				/			
				3-30-4051	ALOYS	IUS HOLL	Y WOOD.	LEONARD		ARYLAND
	18 CAUSE OF DI	EATH (Enter only one couse p TH WAS CAUSED BY	er line for (o	o), (b), and (c).)	X.	Mit	lan	10		RVAL BETWEEN ET AND DEATH
-	HALL IL DEN	EMMEDIATE CAUSE (o).	- 6	scula	LAM		ragy	4	N	W.
		DUE TO	71	0 0/10		77	1	11.	1 6	ail
	Conditions, if any		1	rich	ar	LA	MYN	N The	a a	ay
	stoting the unde		4/_		14	45	-	-1/2		1-1
	lost	(ε)	119	werdely	Red 1	1/1	cur	CKEN	74	yrz
	PART I OTHER SI	GNIFICANT CONDITIONS CONT	RIBUTING TO	DEATH BUT NOT RELATE	TO THE TER	M NAL DISEASE COI	NDITION GIVEN	IN PART 1(o)	19/	WAS AUTOPSY PERFORMED?
-	AT ON								YE	
	E 200 ACCIDENT WA		20b. DESC	RIBE HOW INJURY OCCUI	RED (Enter i	oture of injury in	Part I or Part	II of item 18)		
	(IF FITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)								
	= -	JRY Month, Doy, Year	20d INJ	URY OCCURRED 20		VIURY (Home, form		(City or fown)	(County)	(State)
ì	皇 Hour oi	10	Wh le	Of work	foctory, stre	et, office blug , etc.)	/		
	21 conti	fy that (1) (ins hospite	of work,			1	966. to	17/0	10 /12	at (I) (we) last
		eceased onlye on				h occurred at	The second second	from lauses dr	nd on the dote	e stoted above.
	220 SIGNATURE	0.00000 0.110 0.11	11/	71 71 -		, , , , , , , , , , , , , , , , , , , ,			22b DATE SIGNE	
		Jam	2/14	bull9		TENDING YS	MED DIRECTOR [STAFF PHYS	7/10	167
	22c PHYSIC AN S		W		1 2	Za "ADDRESS	2_ /	(A = 1)	4.6 /	
1	NAME (Type	/ Jame	5/c/	1 Juspoe	NP	250	eat/	11/15 1	Nd.	
	230. BURIAL, CREMATIC	ON, 236 DATE THEREC	OF /	23c NAME OF CEMETER	Y OR CREMA	ORY	23d 100	ATION (City or Town) (County)	(State)
	BURIAL (Specify	1 JULY 11.	1967/	Qualan	14's 10	banel	1/1/2	d/ev's/	Veck	Mid
i	24. FUNERAL DIRECTO		7	ADDRESS	7	2So REC	D BY REGISTR	AR Job. REGI	STRAR 5 SIGNATUR	h
7	W.CLAREE	MATTINGLEY L	EONARI	DTOWN. MART	LAND	DATE	OF 15	1967 /	Corres	mogh.
- 3										4



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201,

10085 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1000	V								
1	PLACE OF DEATH				2 USUAL RESIDENCE	(Where deceosed lived, if institu		e before	odmissio	on)
	o. COUNTY F	IARYS		MARYLAND	o STATE MARY	LAND b cou	ST.	MARY	S	
	b CITY OR TOWN (f outside corporate limit	5,	c LENGTH OF STAY N 16	c. CITY OR TOWN (IF	outside corporate limits, write RL				
		d give neorest lown) IXENT RIVER			PEXI	NGTON PARK				
	d NAME OF HOSPIT	TAL OR INSTITUTION (fin	ot in hospital i	give street address)	d STREET ADDRESS	14244		е	IS RESIL	DENCE
	STATIC	N HOSPITAL			410 Y	ORKTOWN RD.		Y		NO X
3.	NAME OF	F	rst	Middle	Lost	4 DATE ' Mor	ifh	Doy	Yes	10
	DECEASED (Type or pant)	NOR	IAL	ASHLEY	HUGG	OF DEATH JULY		27	196	57
S	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	8 DATE OF BIRTH	9 AGE (In years lost birthday)	F UNDER I		IF UNDER	
	MALE	WHITE	WIDOWED	DIVORCED	11/9/1909	57 yrs	Months	Days	MOUTS	Min
		N (Give kind of work done	10b K	ND OF BUSINESS OR		te or foreign country)		ZEN OF	WHAT	
aur	METALSMI	TH retired)	cî	OUSTRY SERVICE	MARYLA	ND		USA		
13.	FATHER'S NAME				14 MOTHER'S MA DEN	N NAME				
	GHORO	E I HUGG			CLARA :	LONG				
		ER IN U.S. ARMED FORCES?		SOCIAL SECURITY NO. 17	INFORMANT	Add	ress			
Į,,	NO	Illi As dies mot at anics		20 03 9071 N	RS. INEZ H	UGG - SAME AS	#2			
F	IB. CAUSE OF D	EATH (Enter only one co	ise per line for						RVAL BET	
	PART I. DEA	TH WAS CAUSED BY EMMEDIATE CAUSE	(0)	CARDIAC AR	REST			Link	ET AND D	EATH
	7 101	DUE	TO							
	Conditions, if ony rise to immediate		(b)	CORINARY I	NSUFFICIEN	CY		6	m	77C
	stoting the unde		TO							
	lost.		(c)							
ATION	PART II OTHER S	GNIFICANT CONDIT ONS	ONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERM NAL DISEASE (ONDITION GIVEN IN PART 1(a)		19 V	WAS ALTO PERFORM	OPSY IED? NO 🛣
CERTIFICATION	20o. EXTERNAL C/ PR MARY ☐ or CO CAUSE OF DEATH.		20b DE	SCRIBE HOW INJURY OCCURRED	(Enter noture of injury i	n Port I or Port 11 of Item 1B.)				
		URY Month, Doy, Yeor	204 1	NIJRY OCCURRED 20e PLA	ACE OF INJURY (Home, fo	rm. 20f (City or town)	(Cou	ntvi		(Stote)
MEDICAL	Hour o.		While of wor	Not While for	tory, street, office bldg , et		1600	,,,	,	31010)
	21 certif	y that I taak charg	e of the rer	nains described abave, he	eld an Autopsy 🔲	, Inspection 🏋, Ing	ингу 🗶 ,	and	in my	apinioi
	deoth resul	ted from: Natur	ol couses 🛚	🕽, Accident 🔲, Suid	cide 🔲, Homicid	le 🔲, Undetermined n	nanner 🔲	7	/28/	/67
	ACTUAL	11	J-12	0 2	CHIEF MEDICA	AL EXAMINER				
	SIGNATURE	Marx	1/0	Sy (4 17 1)	191,12	EDICAL EXAMINER L		2.4	2. DATE	ZIGMED
	EXAMINER'S NAME (Type)	WM. D. BOY	D M.D.			ICAL EXAMINER 🔝 set, city, town, or county) 💢	ONARDAY	O.Mia.	MD.	
230	BURIAL CREMATI	ON 23b DATE TH	ERFOF	23c NAME OF CEMETERY OR		23d LOCATION (City or T		(ounty)		lote)
	REMOVAL (Specific	7/30/	67	TRINITY MEMO	RIAL GARDE	NS WALDORF -	MARYL	AND		
7	FUNERAL DIRECTO		li-	ADDRESS		CD BY REGISTRAR 256 R	EGISTRARTS		yud	gla
1	TOHN M.	WALCH - LE	ONARDO	OMM MD	DATE	ANT 2 T IDDI	1	- (

necessory, please execute the certificate, writing the word-pending in pencif in Item 18 Give Pages 1, the funeral director. Page 4 should be forwarded to the Chief Medical Examiners Office algagr with form 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a bunal-transit permit. File pages land 2 with Health or its designated agent, prior to bunal, cremation, ar removal, and in any event with necessory, please execute the certificate, writing the word VR A15ME (5)

FOR STATE HEALTH DEPT.

9

delay

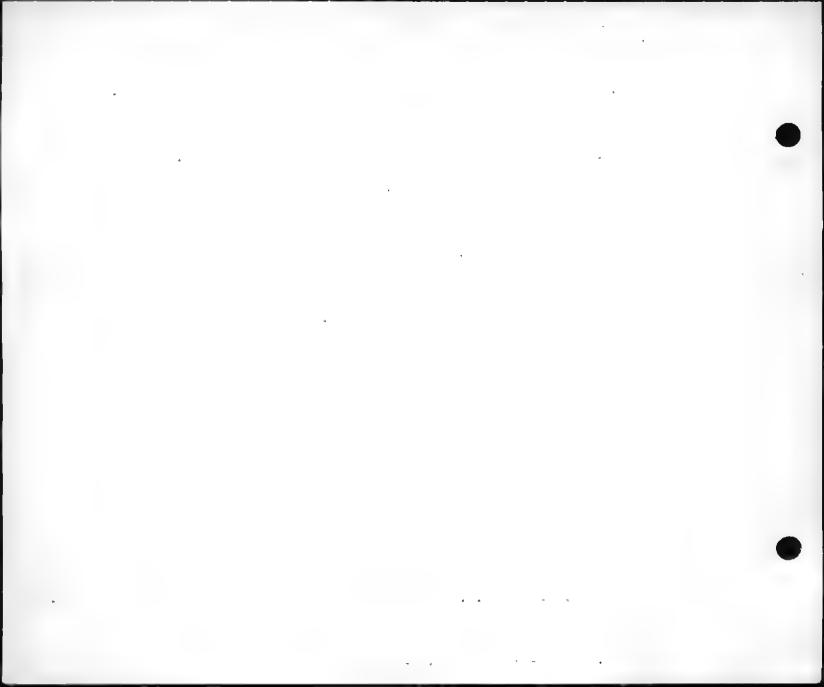
2, and PM3

in pencil in Item 18 Give Poges 1,

TO DEPUTY MEGICAL EXAMINER: This certificate should be executed within 24 hours after death

hours after death.

the State Department



10086

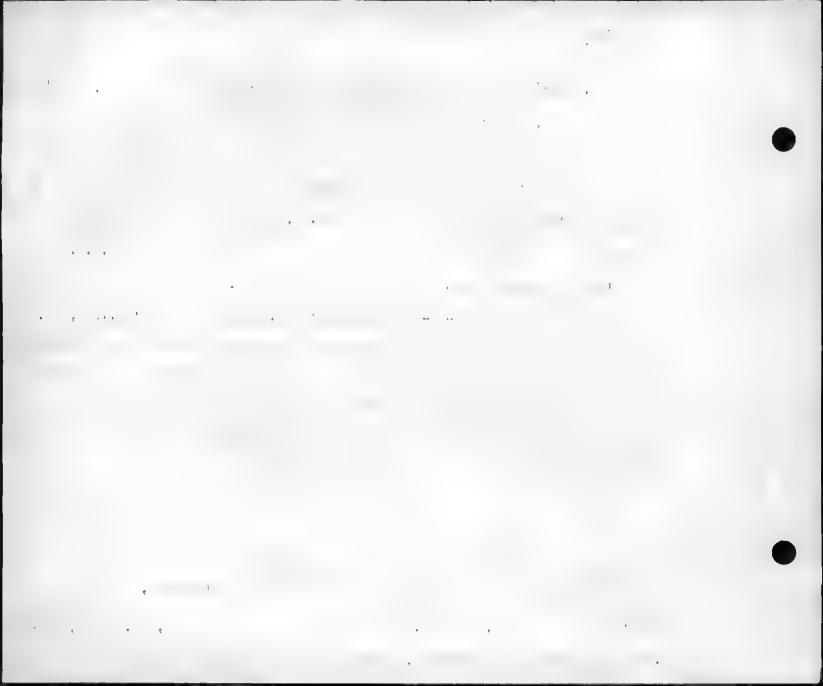
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

.49	1	0	0	-
F	U	j	N	3

1 PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
a. COUNTY ST. MARY S MARYLAND	o. STATE MARYLAND b. COUNTY ST. MARY S
b CTY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside carparate limits, write RURA, and give nearest town)
write RURAL and give necresi town) MECHANICSVILLE, RURAL	RURAL MECHANICSVILLE
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e IS RES DENCE ON A FARM?
	YES X NO
3 NAME OF First Middle DECEASED	Lost 4 DATE Month Doy Year
(Type or pant) WILLIAM HAYDEN V	TORGAN DEATH JULY /, 190/
	8 DATE OF BIRTH 9 AGE (In years IF JNDER YEAR IF UNDER 24 HRS Jost birthday) Months Doys Hours Min
MALE WHITE WIDOWED DIVORCED	JAN. 12, 1907 60 yis
100 USJAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BISINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign country) 12. C.T. ZEN OF WHAT COUNTRY?
FARMING	MARYLAND U.S.A.
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM DOUGLAG MORGAN	IDA RUSSELL
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) ((If yes give wor ar dotes of service)	INFORMANT Address
	HERINE H. MORGAN MECHANICSVILLE, MD.
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1 DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o)	enonay en ween Justauply
Conditions, if any, which gave	is extremities thest 3 days
rise to immediate couse (a),	in extrumples, call
stating the underlying couse (c) Curto mutter	ile accident
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
Marsille oberty - 1	VG \$ 350-400-Plan YES NO NO
	(Entire noture of injury in Port I or Port II of item 18.)
OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, , , , , , , , , , , , , , , , , , , ,
20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLA	CE OF INJURY (Home form, 20f (C 'y ar town) (County) (State)
Hour a m 7-4 1967 While Not While of work A	ON ROAD NEAR OFRANILLE MARYLAND
21. I certify that (1) (this haspital) attended the decrased fram_	195/10 (I) (we) last
	t death occurred at/_M, framCauses and on the date stated above
220 S GHATURE	ATTENDING MED. STAFF 226 DATE SIGNED
MI TOPING MI	D PHYS DIRECTOR LI PHYS LI
NAME (Type) David M85577797 M.D.	MECHANICSVILLE, MARYLAND
230 BJRIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or Town) (Caunty) (Stote)
BURIAL JULY 10, 1967 ST. JOSEPHS (CEMETERY MORGANZA, ST. MARYLE, MARYLAND
24 FUNERAL DIRECTOR ADDRESS	250 REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURO
W.CLARKE MATTINGLEY LEGNARDTOWN, MARYLAN	

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban lapers. Pages 1 and should be filled with the State Dept. of Health prior to buria, crematian, or removal, and in any event, within 72 haurs after Dept. Page 4 may be retained by the hospital or attending physician. VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10087 FOR STATE MEALTH DEPT.

P.M3. Poge delay is 2, and 3 to

m pewcil in Item 18 Give Pages T.

word pemaing memon in Item 18 Sive paths Chief Medical Examiners Office along w

This certificate should be executed within 24 hours after death

nacessary, please exacute the certificate, writing the word the funeral director. Page 4 shamld be forwarded to TO FUNERAL DIRECTOR: Poge 3 should be msed as o

files.

be retoined for your

moy

MISTCAL EXAMINER:

TO DEPUTY

File gages I and 2 with the State Department and in any event within 72 hours after dea

buriol-trans t parmit

Haulth or its designated agent, prior to Warriol, casmotion, or semanal,

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12000

T	PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission)						
	St. Mary's	MARYLAND	Maryland b COUNTY St. Mary's						
	b CITY OR TOWN (If outside corporate Limits,	C. LENGTH OF STAY IN 15	c. CITY OR TOWN (froutside corporate limits, write RURAL)	and give negrest town					
	write RURAL and give nearest town)		_	5.10 g. 10 11 10 11 1,					
\vdash	Rural Hollywood d NAME OF HOSPITAL OR INSTITLT ON (If not n.f.		Leonardtown	e IS RESIDENCE					
	Station Hospital,	Mas Potagont	G. 21KEEL MODKE22	ON A FARM?					
		1110) racuxent		YES NO NO					
3	NAME OF RIVER, Maryland DECEASED OLIVERA.	Clifford Em	il DATE July Month	6 Poy Year 67					
	(Type of print) # #- *********************************		DEATH	19					
2	SEX 6 COLOR OR RACE 7 N	Lai territoria	lost hurthdow) Mi	UNDER 1 YEAR IF UNDER 24 HRS. Don'ths Doys Hours Min.					
	JELLE CHUCA		15 NOV 35 31 YIS						
	I USUAL OCCLPATION (Give kind of work done ring most of working life, even if retired)	10b K ND OF BUSINESS OR	11 B RTHPLACE (State or foreign country)	12 CITIZEN OF WHAT					
	mg most of working mo, even a remain	III O O JIK I	New York	USA USA					
13	FATHER S NAME		14. MOTHER'S MAIDEN NAME						
	William L. Ol.	ivera	Josie Stiefrates						
15	WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT Address						
T)	es_po, or unknown) (if yes give wor or dotes of serv	(e)	and F. Olivera Leona	retrium Md					
	IB. CAUSE OF DEATH (Enter only one couse per		111011111111111111111111111111111111111	INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY	Injuries, Multip	le Extreme	Immediate					
	IMMEDIATE CAUSE (o)		IC, DAUTEME	<u> </u>					
	Conditions, if any, which gave) (b) Aircraft Accident								
	rise to immediate couse (a).								
	storing the underlying touse								
		DUTE A TA DELT. BUT NOT DELTED TO T	E T TENDEN DIVERT CANDIDION ONES A DADY 1/)	I (a livit autopey					
SAT ON	PART II OTHER'S GNIFICANT CONDITIONS CONTRI	BUING TO DEATH BUT NOT RELATED TO T	THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO					
CERT FICAT	200 EXTERNAL CAUSE WAS	20b DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Port I or Port I of tem 1B)						
	PRIMARY or CONTRIBUTING CAUSE OF DEATH	Received fatal i	njuries in helicopter cra	ash					
MEDICAL	20c TIME OF N.URY Month, Doy, Year	20d INJURY OCCURRED / 20e PLAC	CE OF INJURY (Home, form, 20f (City or town)	(state) (State)					
ME	10:15 xxx July 6 19 67	of work of work Fa	ory, street, office bldg, etc.) The Hollywood St	Mary's Md					
	21. I certify that I took charge of			and in my opinion					
deoth resulted from Notural courses , Accident S. Suicide , Homicide , Undetermined monner									
	1 Ashot		CHIEF MEDICAL EXAMINER						
	SIGNATURE A STANDARD	41	ASSISTANT MEDICAL EXAMINER 22. DATE SIGN						
	EXAMINER'S WOOD ON	ih mo	ASSDEPUTY MEDICAL EXAMINER	6JUL67					
	NAME (Type) C. F. MAC CAR	THY, LT MC USN	_	0					
23	BUR AL, CREMATION, 236 DATE THEREOF	23c. NAME OF CEMETERY OR ((County) (State)					
	RHUYA (Specify) 7/8/67	ST. ANDREWS	LEONARDTOWN	ST. MARYS MD.					
2	FUNERAL DIRECTOR	ADDRESS	250 REC D BY REG STRAR 256 REGIST	PARS S GNATURED					
· W	CLARKE MATTINGLEY I	SOULD DECEMBER MO	JUL 18 196/ /	The same					

VR ATSME (5) --

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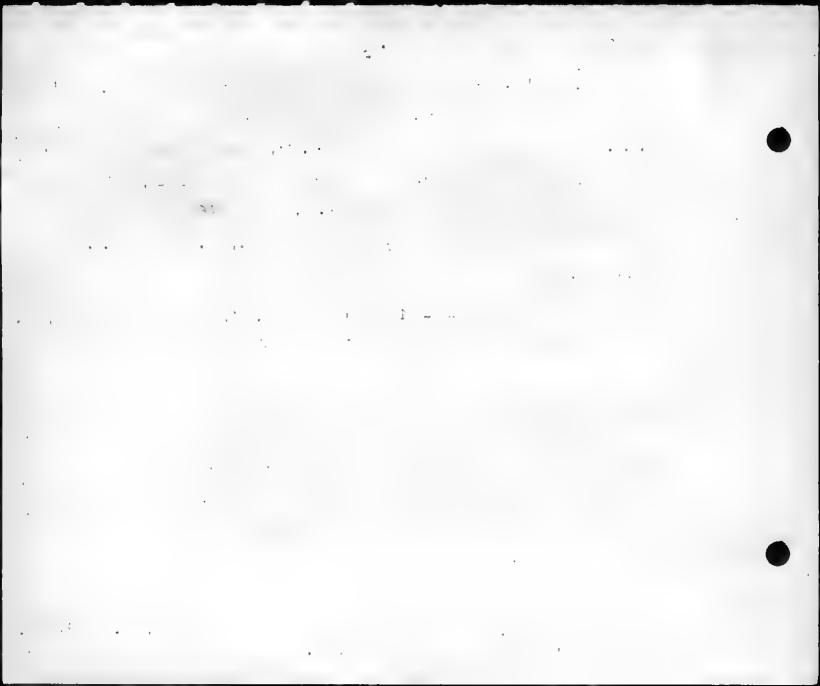
FOR STATE HEALTH DEPT

funera EXAMINER: This marificate should be executed within 24 hours after death. If any delay certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 is muid be forwarbed to the Chiell Madical Examiner's Office along with form PM3. Page tate (0) signid files. execut. your O DEPUTY MET please execut director. Pag retained for y 0

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINEDIS OF STATISTICAL RESEARCH AND RECORDS. PLACE OF DEATH 1. USUAL RESIDENCE (Where deceased lived, if institution: e. STATE b. COUNTY ST. MARY'S COUNTY MARYLAND ST. MARY S Department after death. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporeta limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b LEGNARDTOWN LEUNARDTOWN YRSRS IS RESIDENCE DN A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AODRESS D.O.A. RT. #1. BOX#34 20550 YES X ND 3. NAME OF Middle Last DATE Month Year The Z DECEASED WILMER JOHN THOMAS JULY 16. DEATH 19 67 (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 5. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED 9. NEVER MARRIED irthday) Months | Days MALE 192_L1 COLORED WIDOWED event 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
FARM ING 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY CHARLES Co., Mp. FARMER pages 1 in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FRANDIS THOMAS MARTHA HURD 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) permit. removal 218_14_ WIFE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c),] PART I. CEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to immediate DUE TO causa (a), stating the underlying cause lest. (C) used as to burial WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION ND A 3 should be agent, prior 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 1) of Item 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Sawed MEDICAL 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While at work DIRECTOR: Pag or its designate and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry Undetermined manner death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 10 FUNERAL I DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) BURIAL, CREMATION. 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) o, LEGNARDTOWN 25a. REC'D BY REGISTRAR! 25b. 24. FUNERAL DIRECTOR

VR AISME (5) 5M 1/65



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any event, within

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		1000	0.0			CERI	IIFICATE	OF DEA	UH					1000
		PLACE OF DEATH						2 USUAL RES	DENCE (W	here decease	d lived, if institut	ian Residence t	before adm	nission)
	1	o. COUNTY	ST. MAR	u.I.a		1	MARYLAND	o. STATE		AND	b. COUI	JTY	MARY	
	1	b CITY OR TOWN (c	LENGTH OF ST					imits, write RUI			
		write RURAL one	give neorest to		, ,		H7 III - D			*		CAL CITO GIVE IT	20103: IGW	.,
	-	PINEY PO	I NT	ON HE A L				L CTDEET ADD		NEY PO	DINT		1 . 15 [RESIDENCE
	(g NAME OF HUSE J.	AL UK INSTITUTE	מת ח. וסח זון אינ	ispital, give s	ireer oddress)		d STREET ADD	KF 27					A FARM?
													YES	NO X
		NAME OF DECEASED		First		Middle		Last		4. DATE OF	Mont	h	Day	Year
		(Type or print)		L1U6	WATE	KINS_	T	OLEON		DEATH	JULY	20		19 67
1	5. 3	SEX	6 COLOR OR F	RACE 7 M/	ARRIED XX	NEVER MAR	RIFD	B DATE OF BIRT	Н	9	AGE (In years	Months Do		
Л.	M	ALE	WHITE	WIE	OOWED	DIVO	RCED 🔲	Aug. 5.	1899) (lost birthday)	Montas	ays Ho.	urs Min
		LSUAL OCCUPATION				F BUSINESS O					ign canusty)	12 CIT ZE	N OF WHA	Ī
	a R	ng most of working	life, even if refire	d)	INDUSTI	ζΥ			W	ASHING	TON. D.	C. COU.	S.A.	
		FATHER'S NAME			-			14. MOTHER'S						
		WA	RREN TO	LSON					ANNE	€ H. S	MPBON			
	15	WAS DECEASED EVE	R IN U.S. ARMED	FORCES?	16 SOCIA	E SECURITY N	0. 17 1	NFORMANT			Addre	rss		
	(7e	s, no, arunknawn)	(It yes give word	or dotes of service	577_(07-369	7A Ro	SE G. Te	OLSON	PEN	EY POINT	. MARYL	AND	
		18 CAUSE OF DI	EATH (Enter only	one cause per			_^ //		1/	11	1	/		BETWEEN
		PART L DEAT	H WAS CAUSED	BY E CAUSE (a)	1.5	11/52	1 ruste	rs F	185	2/16	7. lin		ONSET AT	ND SPEATH
		* *	I mm[Dip()	DUE TO	1	1		1/1/1/	1			7	-94	7
		Conditions, if any,	, which gove)	(b)	10	IUM	100	Wa	1 1	20 /0	inte	11	127	res
		nse ta immediat		DUE TO	21	V-1/1-	<u> </u>			10170	1		(7-
		stating the under	riying couse	(c)	(1)	Thom	114	MA	19	2/2/	I dele	111	CL	28
		PART 1 OTHER SI	GNIFICANT COND		UTING TO DE	ATH BUT NOT	RELATED TO	HE TERMINAL DE	SEASE COND	DEON GIVEN	IN PART I(n)		14 WAS	ALTOPSY
	NO!						1/			V		0	YES T	ORMED?
	E S	20o ACC DENT WAS	CHNDERIVING IT		20h DESCRIR	E HOW INITE	Y OLD BOLD	(Enter nature of	iniin a D	art 1 or Part	It of tem 191		113	J HOLE
	CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEA	TH	ZOD DEJCKID	L HUM INJUK	OCCURATO	fruis udicis oi	indon's it is	dit i di i dii	er Or telli 10)			
		(1F E1THER, NOTIFY			20d INJURY	OCCUPATO	20- DI 64	CE OF INJURY (He	o man I aum	1 201	(City or fown)	(County	۸	(State)
	MEDICAL	20c TIME OF INJU Hour a.m	ייסווייו, טעץ N.		While	Nat While -	fort	ory, street, affice	bldg., etc)	201	(chy di sowii)	(coonly	()	famiel
	~	р.п		19	al work							5 7 7 7		
			fy that (I) (theceased alive	. /	offichded	the deceas	ed tram _, and that	death accu	, 19 rred_at_	939 M.	from couses	and an the	that (l date sto) (we) last
	i	220 SIGNATURE	1	11	111	1/00	_	ATTENDING		U.C.	CTATI	22b DAT	SIGNED	111
			Rest.		121	1/15	_ M.D	ATTENDING PHYS		DIRECTOR [PHYS [17/	2	164
		22c PHYSICIAN'S	1	V -/	900			22d. ADDR				1/	/	
1		NAME (Type)	JAMES	P. JAR	BOE M	. D.		G	REAT	MILLS.	MARYLA	ND /		
		BURIAL, CREMATIC		DATE THEREOF		C NAME OF C	CEMETERY OR	CREMATORY		23d LOC	ATION (City or To		unty)	(State)
		BEING YAL Specify	Ju	LY 22,/	967	ST.	GEORGE	CATHOL	10	VAI	LLEY LEE	, ST.	MARY	's, Mo.
	24	FUNERAL DIRECTO	R			ADDRESS		2	So REC'D	BY REGISTRA	R 25b RE	GISTRAR S SIGN	ATURE	
	UM	CLABUE	MATTINO	ev le	ONABA	TOWAL	MAQUIA	O CIA	ATE III	1 0 5	1007	111/1-11	0	100 .

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burnal-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burnal, crematian, or remayal, and in any event, within 72 hagts after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after death. Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67



10090

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

10092

			CERTIFICA	ALC OF DE	AIII					
PLACE OF DEATH				2 USUAL R	ESIDENCE (Wh	ere deceosed ve	d, if institution	Residence befo	re odmissi	on)
a. COUNTY	ST. MARY S		MARYLANE	o. STATE	MARY	YLAND	b. COUNTY	ST. MAR	y 1 s	
	(If autside carparate limi	rs,	c LENGTH OF STAY IN 16		TOWN (If outs	de corporate limit	is, write RURAL	and give neare	est town)	
	nd give neorest town)		DOA		VALLEY	Y LEE		,		
	ITAL OR ASTITUT ON (If n	at in haspital,	give street address)	d STREET /					e S RESI	
S	MARY S H	SPITAL			RURAI	L			ON A F	
NAME OF		ırst	Midale	Last		4. DATE	Manth	Da	Y Ye	ar
(Type or print)	JOHN		ARTHUR	VAND	IKEJR	OF DEATH	JULY	2.	19	67
SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	1 8 DATE OF B	RTH	9. AGE		FUNDER 1 YEAR	IF UNDER	
MALE	WHITE	WIDOWED	DIVORCED [DEC. 2	1. 1908		pirthday) A	Manths Days	Hours	Min
On USUAL OCCUPATION	ON (G ve kind of work dane		IND OF BUSINESS OR			State, ar fareign co		12 CITIZEN C		L
during most of working	g life, even if retired)	11	IDUSTRY			New	York	COUNTRY	À.	
13. FATHER'S NAME				14. MOTHE	Y'S MAIDEN NA					
, los	IN ARTHUR V	MDIVE			MARY C	APPAN				
IS WAS DECEASED F	VER NUS ARMED FORCES	16	SOCIAL SECURITY NO	17 INFORMANT	IIAKI O	NAME OF THE OWNER O	Address			
(Yes, na, ar unknawn	(If yes give war ar dates	of service)		MARY R.	VANDIK	E VALL	EY LEE.	MARYL	AND	
rise to immediately stating the uncolors.	lerlying couse	(c)	THERO S					19	WAS AUT PERFORM	OPSY
0									YES	NO 1
OR CONTRIBUTIN	AS UNDERLYING GEORGE OF DEATH Y MEDICAL EXAMINER)	20b. D	ESCRIBE HOW INJURY OCCUR	RED (Enter nature	af injury in Pa	art I ar Part II af	rtem 18)			
원 Hour	RY Manth, Day, Year a.m. o m. 19	While	Not While	PLACE OF INJURY foctory, street, off		20f (City	or tawn)	(County)		(State)
	t <mark>ify that (I) (t</mark> his ha geceased alive an_	stijal) atten	ded the deceased frai	that death ac	turred at	manufacture of 100 miles	n causes an	, 19_6 id on the do		
220 SIGNATUR	Mos	2 m	An	M.D PHYS	D		STAFF PHYS	22b. DATE SIG 7-3	NED -67	
22c PHYSIC AN NAME (Typ	1	GUYTHE	R M. D.	22d Al	DORESS	VECHANIC	SVILLE	MARYL	AND	
23a BURTAL, CREMA	IION, 23b DATE TI	HEREOF	23c NAME OF CEMETER	OR CREMATORY	-	23d LOCATION	(City or Tawn) (Caunt	ty) (Stote)
Busial Spec	Tuly.	51967	St. Le	0594		Valle	y Lee	STMA	84 × 1	Ma
24 FUNERAL DIREC	TOR	/	ADDRESS	1	250 REC DI	BY REGISTERAR 7	25 CEE	YRAD'S SIGNATI		
W.CLARKE	MATTINGLEY	LEONA	ROTOWN, MARYL	AND	DATE	0 1001	1		0	

to Hospital or attending Physician: The law requires that the death certificate b≡ executed within 24 haws after Neoth TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled Tin by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages should be filed with the State Dept. at Health priar ta burial, crematian, or removal, and in any event, within 72 hours of the should be filed with the State Dept. at Health priar ta burial, crematian, or removal, and in any event, within 72 hours of the Page 4 may be retained by the haspital ar attending physician.

> VR A15 (4) 25M 1/67



FOR STATE DEPTO

O DEPUTY MEI EXAMINER: This certificate should the executed within 24 hours after death. If any delay cessary, please execute are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 for funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 12 tours after dealth.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

TOO	JA MEDICA	L EXAMINER'S	CERTIFICAT	E OF DEATH	10003
1. PLACE OF a. COUNTY	DEATH ST. MARY S	MARYLANO	a. STATE	MANAXAXXX b. COUNT	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
AVENL	TOWN (If outside corporate limits, URAL and give nearest town) JE IF HOSPITAL OR INSTITUTION (If not in	15 DAYS	d. STREET AODRESS		NGTON D. C. IS RESIDENCE ON A FARM? YES NO W
3. NAME OF	First	Middle	Last	4. DATE Month	
(Type or p	rint) CARTER	DAVID	WATERS	DEATH JULY 18	1967
5. SEX MALE	6. COLOR OR RACE Z MARRIE WIOOWE	HEVER MARKIED	8. DATE OF BIRTH 4-12-1916	lest birthdey)	FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
during most of	CUPATION (Give kind of work done 10b. working life, even if retired)	KIND OF BUSINESS OR INDUSTRY		VIRGINIA	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S	NAME		14. MOTHER'S MAIL	DEN NAME	
Maxv	ELL WATERS		BESSI	E CARTER.	
15. WAS DECE	ASED EVER IN U.S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17.	INFORMANT	Address	S
18. CAUS	E OF DEATH [Enter only one cause per	line for (a), (b), and (c).	A3	and the second s	INTERVAL BETWEEN
	I, OEATH WAS CAUSED BY:	provon T	worth		ONSET AND DEATH
4.	OUE TO	0	11 =	1 -	
Conditions	s, If any, which \ (b)	moschut	- Heart	Dixeno	10 years
cause (a	to immediate OUE TO cause last.				
PART II. 01	HER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	OISEASE CONDITION GIVEN IN F	PART 1(a) 19. WAS AUTOPSY PERFORMEO? YES NO
PART II, OT 20a. EXT PRIMARY CAUSE OF	ERNAL CAUSE WAS 20b. DO CONTRIBUTING DEATH.	DESCRIBE HOW INJURY OCCU		f Injury In Part I or Pert II of	Item 18.)
₹ 20c, TIM	E OF INJURY Month, Day, Year 20d. r a.m. Whi p.m. 19 et wo	le Not While facto	CE OF INJURY (Home, farry, street, office bldg., e	arm, 20f. (City or town)	(County) (State)
	ertify that I took charge of the re	emains described above, he	ld an Autopsy ,	Inspection (Inqui	ry Z, and in my opinion
	esulted from: Natural causes	4	icide , Homici	de [], Undetermined	manner
	1 5 0		CHIEF MEDICA	L EXAMINER	
ACTUAL	E WHITahres		M.D.	DICAL EXAMINER	22. DATE SIGNED
EXAMINER NAME (Ty	I'S LILL DUTTO	ek M.D.	11	cal examiner (17-19-67
	CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETER	OR CREMITERY	23d. LOCATION (City, to	wn or county) (State)
Bura	(Specify) 7-24-67	Church		Crewe,	Va.
24. FUNERAL	DIRECTOR	ADDRESS	25a. RE		GISTRAR'S SIGNATURE
W. CLAR	KE MATTINGLEY	LEONARDTOWN,	Mo. DATE	UL 2 5 1967	Charles Judges

T/R AI 5ME (5) 5M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10092

CERTIFICATE OF DEATH

10094

	PLACE OF DEATH					CE (Where dece	ased lived, if institu		efore admission)
	o. COUNTY	T. MARY S		MARYLANI	o. STATE	MARYLA	b. COL	ST.	. MARY S
	b. CITY OR TOWN	(If outside corporate limit	rs,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corpo	rote limits, write RL	JRAL and give ne	orest town)
1	EO NARDTO	nd give nearest town)		3 DAYS	RURAL	ME	CHANICSVI	LLE.	18-1
		TAL OR INSTITUTION (IF I	ot in hospital, give		d. STREET ADDRESS				e. IS RESIDENCE
		ST. MARY							ON A FARM?
2	NAME OF		ist	Middle	Lost	4. DATE	Mor	AL.	
111	DECEASED		IIST			OF			1 1-
5.	(Type or print)	6. COLOR OR RACE	7. MARRIED	FLORINE	WILLIAMS B. DATE OF BIRTH	DEAT	9. AGE (In years	T IF UNDER I YEA	
٥.	JER	O. COLOR OR RACE	La			1909	lost birthdoy)	Months Do	
	EMALE	WHITE	WIDOWED	DIVORCED		198	58 yrs.		
		N (Give kind of work done glife, even if retired)	105. KIND	OF BUSINESS OR	11. BIRTHPLACE (Co	unty & Stote, or	foreign country)	12. CITIZEN COUNTI	N OF WHAT
	House		11350			M	ARYLAND	U.S.	A .
13.	FATHER'S NAME	*			14. MOTHER'S MAIE	DEN NAME			
	WILL	JAM WRIGHT			Es	TELLA	И.		
15.	WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16. SO	CIAL SECURITY NO.	17. INFORMANT		Add	ress	
(Yı	s, no, or unknown)	(If yes give wor or dotes	of service)		J. STANLEY W	1 1 1 1 AM	S MECHAN	ICSVILL	F.MD.
-		NO. 1761 (F.)	11 / /		o. GIARCET I	146	- 1112011111		
	PART I. DEA	DEATH (Enter only one co	use ber sine for (d), (0) and (c).)	1 1	5-			INTERVAL BETWEEN ONSET AND DEATH
	11001	IMMEDIATE CAUSE		olelle	nay Var	mo	oris,	nouser	3 days
	4971		то	ort.	1		diseas		15.
	Conditions, if on		(b)	Wall	Fellroxie	00	discu	4	Dyn.
	stating the und		TO						/
	lost.)	(ε)						
1	PART II. OTHER S	SIGNIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE	CONDITION GI	VEN IN PART I(o)		19. WAS AUTOPSY
I OIL				Krat	sexes m	Meril	us		PERFORMED?
CERTIFICATION	20o. ACCIDENT WA	AS UNDERLYING	20b. DESC		RED. (Enter nature of injur	v in Port I or P	ort II of item IB.)		
ERT	OR CONTRIBUTING	G CAUSE OF DEATH	200. 0230.	The Heave House occor	mess. (enter trainers at milat	, , ,	211 11 01 110111 12.4		
-		Y MEDICAL EXAMINER)	L and Inu	JRY OCCURRED 20e	DIACE OF INHIBY (II)	t I not	1634 11	25	10000
MEDICAL	Hour's		While r	Not While	PLACE OF INJURY (Home, foctory street, office bldg.	form, 20f.	(City or town)	(County)) (Stote)
Σ		m. 19	of work	ot work	//		1		_
	21. I certify that (1) (this hashing) attended the deceased from Land, 1948, to Suly 6, 1967, that (1) (we)								
	saw the c	leceased alive an_	July 6	1967, and	that death accurred	at	M fram causes	and an the	date stated abo
	220. SIGNATURE 22b. DATE SIGNED								
	V	NOYZ	wil	her	M.D. ATTENDING PHYS.	DIRECTOR	PHYS.	7-	8-67
	22c. PHYSICUM	5	- /		22d. ADDRESS				-
	KAMETYPE	٠) ا	ROY GUYT	HER M. D.	MECHANI	CSVILLE	Mo.		
230	. BURIAL, CREMATI	ION. 23b. DATE TH	IFREOF [23c. NAME OF CEMETER			LOCATION (City or T	own) (Cor	unity) (Stote)
	_ REMOVAL (Specif	lv!							
	BURIAL FUNERAL DIRECT	JULY S	7,1907	ADDRESS	MORIAL GARDE	REC'D BY REGIS	ALDORF.	CHARLE REGISTRAR'S SIGNA	
	_					1111 4 0	1967	Charle	, Judge
1 AA	.ULARKE	MATTINGLEY	LEONARI	TOWN, MARY	LAND DATES	JOF TY	100		1 0-

77 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital or otherding physician.

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